Submit to Agency Purchasing Card Administrator

Cardholder (Em	ployee) Name: (as shown on payroll)		For Reporting Period (mm/dd/yy)			
		From:		То:		
PURCHASE DATE	VENDOR		ITEMS PURCHASED		COST	Check Charges on this period's statement
Page Subt				ge Subtotal		
			CAF	RD TOTAL		
The above purchases on the State of North Dakota Purchasing Card have been reviewed and reconciled. Receipts are attached in order of occurrence.						
Cardholder Signature:		Date Submitted:	Approved By:			Date Approved:
			1			1